SEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09P3424P

| | | | | | | | | Щ. | 0 0 1 | | | <u>, , </u> | |
|---|--|---------------------------------|-----------------------|-----------------------|---------------|------------------|---------------|-------------------|------------------------|---------|----------------------------|---|--|
| | | CLAIMS AS | Column | | (Column 2) | | | SMALL ENTITY TYPE | | OR | OTHER SMALL | | |
| TOTAL CLAIMS 27 | | | | | | | RA | TE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | BASI | C FEE | 370.00 | OR | BASIC FEE | 740.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 2) mir | nus 20= | * 7 | | X\$ | 9= | | OR | X\$18= | 126- | |
| INDEPENDENT CLAIMS | | | (7 mi | nus 3 = | */4 | | X4 | 2= | | OR | X84= | 1176. | |
| MULTIPLE DEPENDENT CLAIM PF | | | RESENT | | | | | 10= | | 1 | +280= | 77 / | |
| * If the difference in column 1 is less than zero, enter "0" in colum | | | | | | column 2 | <u> </u> | | ļ | OR | | | |
| CLAIMS AS AMENDED - PART II | | | | | | | TO | IAL | | OR | TOTAL | | |
| | C | (Column 1) | (Column 2) (Column 3) | | | | SM | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | |
| | | CLAIMS | | HIGH | | 1 | 1 | | ADDI | | | ADDI | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | OUSLY | PRESENT EXTRA | RA | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X\$ | 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | = | X4: | 2= | | OR | X84= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +14 | ·Ω= | | OR | +280= | | |
| | | | | | | | | | | | | _ / _ | |
| | | | • | | | | ADDIT. | FEE | | OR | TOTAL ADDIT. FEE | | |
| | | (Column 1) | | (Colur | | (Column 3) | | | | | | | |
| AMENDMENT B | Time day | REMAINING NU | | HIGH NUM | BER | | RATE | ADDI- TIONAL | | DATE | ADDI- | | |
| | | AFTER AMENDMENT | | PREVIO PAID | | EXTRA | HA | 1 - | FEE | | RATE | TIONAL FEE | |
| | Total | * 18 | Minus | ** | 27 | = | X\$ | 9= | | OR | X\$18= | | |
| | Independent | * NTATION OF MI | Minus | *** | 17 | - | X4: | 2= | | OR | X84= | | |
| | FINOT FRESE | INTATION OF IM | JETIPLE DEF | LINDLIN | CEAIN | | +14 | 0= | | OR | +280= | | |
| | | | | | | | TO ADDIT | OTAL FEE | | OR | TOTAL ADDIT. FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| ТС | | CLAIMS | | HIGH | | | | | ADDI- | l | | ADDI- | |
| | | REMAINING AFTER | | NUM PREVI | IBER OUSLY | PRESENT EXTRA | RA' | TE | TIONAL | | RATE | TIONAL | |
| | | AMENDMENT | | PAID | FOR | | | FEE | FEE | ļ ' | | FEE | |
| AMENDMENT C | Total | * | Minus | ** | | = | X\$ | 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | | X4: | 2= | | OR | X84= | | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | _ | | | 000 | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | +280= | | |
| ** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | | | | |
| | | mber Previously Pa | | | | | er found in 1 | he ap | propriate bo | x in co | olumn 1. | | |